



**State of New Jersey**

**DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

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DIRECTOR

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CN 712  
TRENTON, NEW JERSEY 08625-0712

**MEDICAID COMMUNICATION NO:** 91-12

**DATE:** April 15, 1991

**TO:** County Welfare Agency Directors  
Institutional Services Section Area Supervisors

**SUBJECT:** Introduction to the IEVS Resource Report (FD-348) Form

This is to advise that effective on or about May 1, 1991, as part of the implementation of IEVS II, the currently used VIMS Resource Report (PA-925) Form will be replaced with the newly developed IEVS Resource Report (FD-348) Form for Medicaid purposes.

Attached to this communication is a copy of the FD-348 Form. When reviewing the form, you will notice that, although the format of the FD-348 mirrors that of the PA-925, the statements contained in the response sections are directly applicable to the Medicaid program and allow for more specific case dispositions.

The instructions for the completion of the FD-348 are outlined below:

**Section I - No Action Taken**

Check **A, B, C, or D**

If **D - Eligible** is checked, also check **one** statement from **1 through 6**.

**Section II - Action Taken**

Check **A, B, or Both**

If **A - Case closed** is checked, also check **one** statement from **1 through 4** and **one** statement from **a, b, c, or d**, when applicable.

If **B - Third party liability** is checked, statement **1 - Health insurance identified** must be checked.

If both **A and B** are checked, then each of the subsections must be completed accordingly.

**Section III - Additional Information**

Check **A or B, Both or Neither**.

**Signature of Preparer and Date**

Self-explanatory.

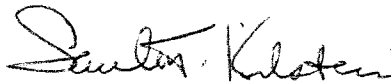
Please note that any FD-348 Form which is incomplete or completed improperly will be returned to the county welfare agency for corrective action. The system will not accept incomplete or incorrectly entered information.

Also as part of the implementation of IEVS II, the county welfare agencies will begin to receive one Overdue Response-Detail Report which will include each of the IRS, UIB, WRS, and SSA matches, instead of the four separate reports they are currently receiving. The combined report will be sorted by case number.

As in the past, the completed FD-348 Forms should be forwarded to the Division of Medical Assistance and Health Services, Bureau of Management Information Systems (BMIS), CN-712, Trenton, New Jersey 08625, Attention: Richard Picone.

Please share a copy of this communication with appropriate staff. Any questions concerning this information should be directed to Ginny Elmer, of BMIS, at (609)588-2762.

Sincerely,

A handwritten signature in dark ink, appearing to read "Saul M. Kilstein". The signature is fluid and cursive, with the first name "Saul" being more prominent.

Saul M. Kilstein  
Director

SMK:PTt

cc: Marion E. Reitz, Director  
Division of Economic Assistance

Nicholas R. Scalera, Acting Director  
Division of Youth and Family Services

**NEW JERSEY DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
IEVS RESOURCE REPORT**

CASE IDENTIFICATION			
CASE NAME	CASE TYPE	HSP #	CO. OF SUPV.
<div style="background-color: #f2f2f2; text-align: center; padding: 2px; margin-bottom: 5px;">RESOURCE INFORMATION</div>			

FD-348 (7/90)

**NEW JERSEY DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
IEVS RESOURCE REPORT**

COUNTY RESPONSE	
COUNTY COPY	DATE RESPONSE DUE
COPY ALL RESPONSES FROM LEFT SIDE TO RIGHT SIDE, SIGN, AND DATE.	
<b>I NO ACTION TAKEN</b> A. <input type="checkbox"/> Case closed prior to review B. <input type="checkbox"/> Benefit and employment periods differ C. <input type="checkbox"/> Client and resource individual not the same person D. <input type="checkbox"/> Eligible 1. <input type="checkbox"/> Resource(s) exempt 2. <input type="checkbox"/> Resource(s) inaccessible 3. <input type="checkbox"/> Less than resource limit 4. <input type="checkbox"/> Verification not received 5. <input type="checkbox"/> Liquidation in process 6. <input type="checkbox"/> Resource transferred	
<b>II ACTION TAKEN</b> A. <input type="checkbox"/> Case closed 1. <input type="checkbox"/> Resource—Ineligible a. <input type="checkbox"/> Unreported b. <input type="checkbox"/> Understated c. <input type="checkbox"/> Excess d. <input type="checkbox"/> Transferred (LTC) 2. <input type="checkbox"/> Income—Ineligible a. <input type="checkbox"/> Unreported b. <input type="checkbox"/> Understated 3. <input type="checkbox"/> Referred to another program: a. <input type="checkbox"/> New Jersey Care b. <input type="checkbox"/> Medicaid Only c. <input type="checkbox"/> Medically Needy 4. <input type="checkbox"/> Deceased B. <input type="checkbox"/> Third party liability 1. <input type="checkbox"/> Health insurance identified	
<b>III ADDITIONAL INFORMATION</b> A. <input type="checkbox"/> Case referred for investigation of possible fraud B. <input type="checkbox"/> Recovery potential	
SIGNATURE OF PREPARER	DATE

COUNTY RESPONSE	
STATE COPY	STATE CONTROL DATA
HSP (MEDICAID) CASE #: CO. OF SUPV.: PROGRAM CODE: PERIOD:	
<b>I NO ACTION TAKEN</b> A. <input type="checkbox"/> Case closed prior to review B. <input type="checkbox"/> Benefit and employment periods differ C. <input type="checkbox"/> Client and resource individual not the same person D. <input type="checkbox"/> Eligible 1. <input type="checkbox"/> Resource(s) exempt 2. <input type="checkbox"/> Resource(s) inaccessible 3. <input type="checkbox"/> Less than resource limit 4. <input type="checkbox"/> Verification not received 5. <input type="checkbox"/> Liquidation in process 6. <input type="checkbox"/> Resource transferred	
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FD-348 (7/90)